

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	I-2-91.10US
	<b>First Named Inventor</b>	Ozluturk et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CODE DIVISION MULTIPLE ACCESS (CDMA) COMMUNICATION SYSTEM**

the specification of which (Title of the Invention)

☒ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24374 → 

Place Customer Number Bar Code Label here

☐ OR  
☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C. and InterDigital Communications Corporation			

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☒ Customer Number 24374 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:** Fatih M. Ozluturk ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Fatih M.	Ozluturk

Inventor's Signature					Date		
Residence: City	Port Washington	State	NY	Country	USA	Citizenship	TR
Post Office Address	70 Willowdale Avenue						
Post Office Address							
City	Port Washington	State	NY	ZIP	11050	Country	USA

☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 3**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Gary R.

Lomp

Inventor's  
Signature

Date

Residence: City

Centerport

State

NY

Country

USA

Citizenship

US

Post Office Address

130 Washington Drive

Post Office Address

City

Centerport

State

NY

ZIP

11721

Country

USA

**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John

Kowalski

Inventor's  
Signature

Date

Residence: City

Hempstead

State

NY

Country

USA

Citizenship

US

Post Office Address

65 Hilbert Street

Post Office Address

City

Hempstead

State

NY

ZIP

11550

Country

USA

**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Avi

Silverberg

Inventor's  
Signature

Date

Residence: City

Commack

State

NY

Country

USA

Citizenship

IL

Post Office Address

40 Cottonwood Drive

Post Office Address

City

Commack

State

NY

ZIP

11725

Country

USA

Burden Hour Statement. This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 2 of 3**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Robert T.

Regis

Inventor's  
Signature

Date

Residence: City

Huntington

State

NY

Country

USA

Citizenship

US

Post Office Address

51A Dunlop Road

Post Office Address

City

Huntington

State

NY

ZIP

11743

Country

USA

**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Michael

Luddy

Inventor's  
Signature

Date

Residence: City

Bayville

State

NY

Country

USA

Citizenship

US

Post Office Address

9 Downey Drive

Post Office Address

City

Bayville

State

NY

ZIP

11579

Country

USA

**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Alexander

Marra

Inventor's  
Signature

Date

Residence: City

New York

State

NY

Country

USA

Citizenship

US

Post Office Address

11 Fringe Court

Post Office Address

City

New York

State

NY

ZIP

10956

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION**
**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
 Page 3 of 3
**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Alexander

Jacques

Inventor's  
Signature

Date

Residence: City

Mineola

State

NY

Country

USA

Citizenship

US

Post Office Address

6 Birchwood Court, Apt. 40

Post Office Address

City

Mineola

State

NY

ZIP

11501

Country

USA

**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John W.

Haim

Inventor's  
Signature

Date

Residence: City

Baldwin

State

NY

Country

USA

Citizenship

US

Post Office Address

1848 Longfellow Street

Post Office Address

City

Baldwin

State

NY

ZIP

11510

Country

USA

**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.